

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

10 758 718

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		2				
6	1					
7		1				
8		1				
9		2				
10		1				
11		1				
12		1				
13		2				
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TOTAL IND.	2					
TOTAL DEP.	28					
TOTAL CLAIMS	26					

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